

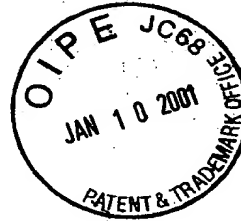
16534

Atty. Dkt. No. 018792/0180

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hossein A. GHANBARI et al.

Title: COMPOSITIONS CONTAINING
BACTERIOPHAGES AND
METHOD OF USING
BACTERIOPHAGES TO TREAT
INFECTIONS



RECEIVED

JAN 12 2001

Appl. No.: 09/583,738

TECH CENTER 1600/2900

Filing Date: 5/31/2000

Examiner: Unassigned

Art Unit: 1653

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

☒ [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

☐ [] Small Entity statement is enclosed.

☒ [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	28	—	20	=	8	x	\$18.00	=	\$144.00
Independents:	2	—	3	=	0	x	\$80.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$270.00	=	\$0.00
CLAIMS FEE TOTAL:									= \$144.00

☐ [] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$144.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$72.00
	TOTAL FEE:		\$72.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$72.00 . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$72.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 10, 2001

By



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